



STATE OF NEW YORK
DEPARTMENT OF HEALTH
P.O. Box 11729
Albany, NY 12211

Notice of Decision

Decision Date: September 3, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002369

[REDACTED]

Dear [REDACTED]

On May 12, 2015, you appeared by telephone at a hearing on your appeal of NY State of Health Marketplace's February 17, 2015 eligibility redetermination.

The enclosed Decision, rendered after that hearing, is issued by the Appeals Unit of NY State of Health.

If you have questions about your Decision, you can contact us by:

- Calling the Customer Service Center at 1-855-355-5777
- Sending Mail to:
NY State of Health Appeals
P.O. Box 11729
Albany, NY 12211
- Sending a Fax to 1-855-900-5557

When contacting NY State of Health about your appeal and/or the Decision, please refer to the Appeal Identification Number at the top of this notice.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(b).

If you need this information in a language other than English or you need assistance reading this notice, we can help you. Call 1-855-355-5777 (TTY - English: 1-800-662-1220) (TTY - Spanish: 1-877-662-4886).

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Decision

Decision Date: September 3, 2015

NY State of Health Number: [REDACTED]
Appeal Identification Number: AP000000002369

Issue

The issue presented for review by the Appeals Unit of NY State of Health is:

Did the Marketplace properly determine that, effective March 1, 2015, you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions and cannot enroll in a qualified health plan at full cost through NYState of Health because you did not complete your renewal within the required time frame?

Procedural History

On March 3, 2014, the Marketplace issued a notice of eligibility determination that, based on a household income of \$0.00, you are eligible for Medicaid beginning February 1, 2014.

According to your Marketplace account, you were enrolled in Medicaid Fee For Services from March 1, 2014 to July 31, 2014, and enrolled in New York Sate Catholic Health Plan, Inc., a Medicaid Managed Care (MMC) plan through Fidelis Care, beginning August 1, 2014.

On January 8, 2015, the Marketplace sent you a renewal notice that stated, based on information from federal and state data sources, a decision could not be made about whether or not you qualify for financial help paying for your health coverage. It informed you to update information on your NY State of Health account by February 15, 2015, so a decision could be made and, if you miss this deadline, the financial assistance you are getting now may end.

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No updates were made to your Marketplace account by February 15, 2015.

On February 17, 2015, the Marketplace issued a notice of eligibility redetermination that you are not eligible for Medicaid, Child Health Plus, or to receive tax credits or cost sharing reductions and cannot enroll in a qualified health plan at full cost through NY State of Health. The reason stated for this determination was that you did not respond to the renewal notice and did not complete your renewal information within the required timeframe such that you no longer qualify to receive financial assistance. The notice also stated that if your circumstances change you may re-apply for health insurance.

On February 19, 2015, the Marketplace issued a disenrollment notice that your insurance with New York State Catholic Health Plan, Inc. will end effective February 28, 2015.

On April 14, 2015, the Marketplace received your April 9, 2015 written appeal and request for aid to continue during the appeal process.

According to your Marketplace account, on April 24, 2015, your request for aid to continue was granted through July 31, 2015, pending the outcome of your appeal.

On April 25, 2015, the Marketplace issued a notice of eligibility redetermination that you are eligible for Medicaid beginning March 1, 2015, continuing your aid.

That same day, the Marketplace issued a letter confirming that your insurance coverage through Medicaid will begin March 1, 2105 and your enrollment with New York Catholic Health Plan, Inc. will begin June 1, 2015.

On May 12, 2015, you had a telephone hearing with a Hearing Officer from the Marketplace's Appeal Unit. The record was developed during the hearing and closed at the end of the hearing.

Findings of Fact

A review of the record supports the following findings of fact:

- 1) According to your Marketplace account, you are single and have no dependents.
- 2) According to your Marketplace account, you have not elected to receive notices from the Marketplace electronically.
- 3) You testified that you moved in January 2015 and, while your mail was forwarded to your new address, you did not receive the forwarded renewal notice until after February 15, 2015.

- 4) You testified that you did not have internet service since February 1, 2015 and were not able to access your Marketplace account to update information and get your health insurance reinstated even after February 15, 2015.
- 5) You testified that you contacted the Marketplace once you learned your coverage with New York State Catholic Health Plan, Inc. had been terminated and also sent in a written request for an appeal and for aid to continue.
- 6) You testified that you had no income for the months of January 2015 through May 2015, did not receive any financial assistance from your family during any of those months, and believe your 2015 expected income will remain at \$0.00 unless you can get a job.
- 7) You want to be redetermined eligible for Medicaid as of March 1, 2015 and remain enrolled in New York State Catholic Health Plan, Inc. as of June 1, 2015.

Conflicting evidence, if any, was considered and found to be less credible than the evidence noted above.

Applicable Law and Regulations

Annual Eligibility Redetermination

Generally, if a person has been determined eligible to enroll in a qualified health plan (QHP) through the Marketplace, the Marketplace “must redetermine” the eligibility of that person “on an annual basis” (45 CFR §§ 155.335(a), 155.20). There are two exceptions to this rule. First, the Marketplace does not redetermine eligibility to enroll in a QHP if the person’s eligibility was redetermined during the prior year, if the person was not enrolled in a QHP through the Marketplace when the redetermination was made, and if the person has not enrolled in a QHP through the Marketplace since the redetermination was made (45 CFR §§ 155.335(m)). Second, if the Marketplace is not authorized to obtain tax data as part of the redetermination process, the Marketplace must redetermine eligibility for QHP enrollment but cannot redetermine eligibility for insurance affordability programs until that authorization is obtained or the person requests an eligibility determination for the insurance affordability programs (45 CFR §§ 155.335(l), 155.310(b)).

The Marketplace must provide an annual redetermination notice with the person’s projected eligibility determination for the following year, “including, if applicable, the amount of any advance payments of the premium tax credit and the level of any cost-sharing reductions or eligibility for Medicaid, [Child Health Plus], or the [Basic Health Plan]” (45 CFR §§ 155.335(c)(3)).

Medicaid

Medicaid can be provided through the Marketplace to adults who: (1) are age 19 or older and under age 65; (2) are not pregnant; (3) are not entitled to or enrolled for Medicare benefits under part A or B of title XVIII of the Act; (4) are not otherwise eligible for and enrolled for mandatory coverage under a State's Medicaid State plan in accordance with subpart B of this part; and (5) have a household modified adjusted gross income that is at or below 138% of the federal poverty for the applicable family size (42 CFR § 435.119(b), 42 CFR § 435.911(b)(1), 42 CFR § 435.603(d)(4)), N.Y. Soc. Serv. Law § 366(1)(b)).

In an analysis of Medicaid eligibility, the determination is based on the federal poverty level (FPL) “for the applicable budget period used to determine an individual's eligibility” (42 CFR § 435.4). On the date of your appeal and the date of your hearing, that was the 2015 FPL, which is \$11,770.00 for a one-person household (79 Fed. Reg. 3593, 3593).

Financial eligibility for Medicaid for applicants who are not currently receiving Medicaid benefits is based on current monthly household income and family size (42 CFR § 435.603(h)(1); State Plan Amendment (SPA) 13-0055-MM3, as approved by the US Department of Health and Human Services, March 19, 2014).

Financial eligibility for Medicaid for applicants who *are* currently receiving Medicaid benefits may be based either on current monthly household income and family size or income based on projected annual household income and family size for the remainder of the current calendar year (42 CFR § 435.603(h)(2), but see SPA 13-0055-MM3, as approved March 19, 2014).

Most adults determined eligible for Medicaid are guaranteed twelve months of Medicaid coverage offered through Medicaid Managed Care, even if the adult loses Medicaid eligibility because of any changes or updates they make to their Marketplace account. For example, even if income increases above the Medicaid limit allowed for the household size, the insured will remain covered under Medicaid for a twelve-month period. This twelve-month period is referred to as “continuous coverage,” and is set based on the start date of the original Medicaid eligibility determination or the date of a subsequent Medicaid eligibility determination based on modified adjusted gross income (see 42 CFR § 435.916; N.Y. Soc. Serv. Law § 366(4)(c)).

If an applicant for health insurance is determined Medicaid eligible, coverage will begin on the first day of the first month that the applicant was determined eligible (18 NYCRR § 360-2.4(c)). The applicant may be determined retroactively eligible for coverage for up to three months prior to their application, if they would have been eligible for during the month when medical care or services were received (*Id.*).

Legal Analysis

The first issue is whether you were properly determined to be ineligible for insurance affordability programs, such as Medicaid, or financial assistance, and ineligible to enroll in a qualified health plan at full cost through the Marketplace.

On January 8, 2015, the Marketplace issued an annual renewal notice in your case. Although you stated that you did not receive the notice on time because you had moved and had a forwarding address where you received the notice after February 15, 2015, the notice that was issued appears in your account, and there is no indication it was returned as undeliverable. By that notice, you were asked to update the information in your Marketplace account by February 15, 2015 or the financial help you were receiving might end. As of February 15, 2015, the Marketplace had not received any updated information from you.

Since, when performing your annual redetermination, the Marketplace was unable to obtain, either from the state and federal data sources or from you, the information needed to determine whether you qualified for insurance affordability programs, such as Medicaid, for the 2015 plan year beginning on March 1, 2015, it issued a notice on February 17, 2015 to advise you that you were not eligible for insurance affordability programs or financial assistance, or to enroll in a qualified health plan at full cost through the Marketplace.

Thus, the Marketplace's February 17, 2015 notice stating that you were not eligible for insurance affordability programs, such as Medicaid, or financial assistance, and ineligible to enroll in a qualified health plan at full cost through the Marketplace because you did not complete your renewal information by February 15, 2015, is supported by the record and is AFFIRMED.

The next issue is whether you are eligible for Medicaid and, if so, as of when. The law requires that your eligibility for insurance affordability programs, such as Medicaid, be redetermined at an individual's request. Based on your April 9, 2015 written appeal request, you requested that your eligibility for Medicaid be redetermined. Accordingly, your eligibility for Medicaid is being included in this analysis.

The Medicaid eligibility requirement currently at issue is the income requirement.

You credibly testified that you have had no income for March 2015, April 2015, and up to the date of your hearing. You further testified that you did not expect to have any income for the rest of May 2015, and quite possible for the rest of the year.

According to the record you have a one-person household.

Medicaid can be provided through the Marketplace to adults between the ages of 19 and 65 who meet the non-financial requirements and have a household modified adjusted gross income (MAGI) that is at or below 138% of the federal poverty level

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(FPL) for the applicable family size. On the date of your April 9, 2015 appeal request and May 12, 2015 hearing, the relevant FPL was \$11,770.00 for a one-person household.

Financial eligibility for Medicaid for applicants who are currently receiving Medicaid benefits can be based on an individual's annual or current monthly household income and family size. To be eligible for Medicaid, you would need to meet the non-financial criteria and have an income no greater than 138% of the FPL, which is \$1,354.00 per month or \$16,243.00 per year.

Your March 2015 income was \$0.00 and your anticipated income for 2015 is \$0.00.

Based on the additional income information determined at your hearing, the case is returned to the Marketplace to redetermine eligibility for financial assistance based on a one-person household with a March 2015 income of \$0.00 and a 2015 anticipated income of \$0.00.

Decision

The Marketplace's February 17, 2015 notice of eligibility redetermination is **AFFIRMED**.

The case is returned to the Marketplace to redetermine eligibility for financial assistance based on a one-person household with a March 2015 income of \$0.00 and a 2015 anticipated income of \$0.00.

Effective Date of this Decision: September 3, 2015

How this Decision Affects Your Eligibility

This decision does not determine your eligibility. It returns your case to the Marketplace to redetermine your eligibility.

If You Disagree with this Decision (Appeal Rights)

This Decision is final unless you submit an appeal request to U.S. Department of Health and Human Services or bring a lawsuit under New York Civil Practice Law and Rules, Article 78.

You may bring a lawsuit on any Appeals Unit decision in New York State court in accordance with Article 78 of the New York Civil Practice Law and Rules. This must be done within four months after the date of the Decision Date, which appears on the first page of this Decision.

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Additionally, Appeals Unit decisions on issues involving eligibility for qualified health plans, advance premium tax credits, and cost-sharing reductions may be appealed to the U.S. Department of Health and Human Services. This must be done within 30 days of the date of the Decision Date, which appears on the first page of this Decision (45 CFR § 155.520(c)).

If you wish to be represented by an attorney in bringing an outside appeal and do not know how to go about getting one, you may contact legal resources available to you. You may, for example, contact the local County Bar Association, Legal Aid, or Legal Services.

If You Have Questions about this Decision (Customer Service Resources):

You can contact us in any of the following ways:

- By calling the Customer Service Center at 1-855-355-5777
- By mail at:
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Albany, NY 12211
- By fax: 1-855-900-5557

Summary

The Marketplace's February 17, 2015 notice of eligibility redetermination is **AFFIRMED**.

The case is returned to the Marketplace to redetermine eligibility for financial assistance based on a one-person household with a March 2015 income of \$0.00 and a 2015 anticipated income of \$0.00.

Legal Authority

We are sending you this notice in accordance with federal regulation 45 CFR § 155.545(a).

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A Copy of this Decision Has Been Provided To:

